

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS61AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAYHILL MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3855 MAYHILL LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation on 3-17-09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 6 Residential Facility for Group beds for persons with Alzheimer's or related dementia, Category 2 residents. The census at the time of the survey was 4. One discharged resident file was reviewed.</p> <p>Complaint #NV20867 was substantiated without deficiencies. However, other deficiencies were identified as follows:</p>	Y 000		
Y 890	<p>449.2744(1)(a)(1)-(4) Medication / Receipt Log</p> <p>NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility. (2) The date of its delivery; (3) The name of the person who accepted the delivery;</p>	Y 890		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 890	Continued From page 1  (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medications is removed from the facility or destroyed.  This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain a log of medications received by the facility.  Findings include:  The facility could not produce a medication intake record for resident #1. Severity: 1 Scope: 1	Y 890		
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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Y 898	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to maintain instructions for administering medication that reflected the current order for prescriptions for resident #1.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 10-27-08 and was discharged on 12-21-08. The MAR for December shows that Lisinopril, Metoprolol, Potassium Chloride, Lasix (Furosemide) and Prozac (Fluoxetine) were discontinued on December 12. There was no paperwork available to document why they were discontinued. The MAR shows Resident #1 had taken them the full month of November up through December 11.</p> <p>Severity: 2 Scope: 1</p>	Y 898			

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